PTO SB/06 (DR-00)
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to a collection of information unless it displays a valid OMB control number, Under the Paperwork Rec Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10/085,254 (H0002864) OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Cohimn 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE OR \$ 07 CFR 1.166u) TOTAL CLAIMS 28 OR 48 minus 20 -(37 CFR 1.16(c)) INDEPENDENT CLAIMS 9 minus 3 -6 OR (37 CFR 1.1%d)) MULTIPLE DEPENDENT CLAIM PRESENT OR OR TOTAL TOTAL If the difference in column I is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** OR SMALL ENTITY SMALL ENTITY (Column I) (Cohumn 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR ູ 50 ເ 0 Total = 0 48 Minus 48 (37 CFR 1.16(e)) OR Indopondent 200_ 0 Minus 9 0 9 G7 CTR 1.15(b)) OR G7 CFR LIEGO FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR 0 3/3/06 ADDIT. FEE ADDIT. FEE (Column 1) (Cohum 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-B REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 48 Minus 48 OR Independent = Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Of CFR (.tr(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Colours 2) **CLAIMS** HIGHEST ADDI-ADDI-O REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE MENDMENT PAID FOR OR Total = Minus K S OR Independent *** OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR • If the entry in column 1 is less than the entry in column 2, write "If in column 3.
•• If the "Highen Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE *** If the "Highest Number Previously Paid For" IN TIIIS SPACE is less than 3, enter "3".

The "Highest Number Previously Poid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Smirnest: This form is estimated to lake U.2 hours to complete. Time will vary depending upon the needs of the individual case.

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